

Developing Linguistic and Cultural Competence: Participants' Evaluation of A Maltese Language and Culture Awareness Program

Neville Schembri

Institute of Applied Science, Malta College of Arts Science and Technology, Malta

ABSTRACT

Malta is facing an increasing demand and decreasing supply of local nurses and engagement of culturally and linguistically diverse (CALD) personnel is becoming the main solution to mitigate such problems. The case study examines the perceptions of CALD nurses about the content and utility of a Maltese language and culture awareness program. A qualitative methodology was adopted and data collected through focus group interviews conducted with sixteen (16) participants. Qualitative content analysis using Framework Method was used to analyse the data. Views on the training program have been divided between elements related to individual utility, service user utility, quality of delivery and areas for improvement. The results indicate that training can provide significant advantages in terms of enhancing cultural competence and cross-cultural encounters amongst CALD nurses working in elderly long term care and it is recommended that such programs are encouraged to be taken on board by organisations operating in similar health and social care services.

Keywords: culturally and linguistically diverse; cultural competence; cross-cultural encounters

INTRODUCTION

As healthcare services evolve and expand, they bringing an increased demand for trained and qualified human resources required to deliver efficient and timely care. Consequently, organisations often resort to the recruitment CALD personnel in efforts to mitigate workforce shortages. The associated challenges brought about by language and cultural diversity are recognised as elements that can compromise patient safety and quality of care (Johnstone and Kanitsaki, 2006).

The term cultural competence typically refers to an individual's cultural sensitivity or attitude, cultural awareness, knowledge and skills (Jirwe, Gerrish and Emami, 2006). Early references to the phenomenon have been outlined within the nursing discipline and the concept evolved over a number of years. Madeleine Leininger, is widely recognised as a pioneer in the study of transcultural nursing and cultural competence and refers to culture as a phenomenon whereby a group of people identify with their values, beliefs, norms and practices which are transmitted intergenerationally (Leininger, 2002). Giger and Davidhizar refer to cultural competence as "a learned, patterned behavioural response acquired over time that includes explicit and implicit

beliefs, attitudes, values, customs, norms, taboos, arts, habits, and life ways accepted by a community of individuals" (Giger et al. 2007, p.100).

Cultural Competence and its subsequent effect on the quality of healthcare, has also been highlighted on the agenda of many international organisations such as the World Health Organisation. This influence is widely reflected in one of the policy briefs published by the Regional Office for Europe of the World Health Organization (WHO; 2017) specifically developed as a response to the ever increasing awareness amongst policy-makers on the relationship between culture and health.

Contextual background

The Maltese Islands are located in the centre of the Mediterranean Sea and Malta, Gozo and Comino are the three main islands that constitute this small archipelago which is the smallest state within the European Union (EU) by population. Since Malta's accession to the EU in 2008, inward migration has become significant and the population is moving from a mono-ethnic to a more diverse multi-ethnic society and shifting from a devout Roman Catholic to a socially liberal culture. The local language (Maltese) is a Semitic language spoken by the Maltese people and recognised as the only Semitic language that uses the Latin alphabet characters and spoken in historical Arabic.

Current estimates show that approximately 8.5% nurses working within the Maltese public health sector are CALD (Bugeja, Farrugia and Grech, 2019) and such situation could present significant challenges in terms of communication, religious-cultural differences and integration. This trend is considerably higher when looking at the elderly long term care sector whereby although no official data is published, it could be easily noted that the majority of nurses engaged are CALD.

Cultural competence in healthcare

Cultural competence in the delivery of healthcare services encompasses the ability of service providers (individual and organisations) to provide care to patients coming with diverse values, beliefs and behaviours; through meeting the individual patients' social, cultural and linguistic needs (Betancourt, Green and Carrillo; 2002). To achieve such a state, it is deemed necessary that within health services organisations there is a positive organisational culture towards providing culturally competent care. This can only be reached when the organisation (with commitment of leaders) clearly recognises, commits and strives to create a synergy between employees (healthcare professionals) and management when it comes to promoting linguistic and cultural competence.

Cultural competency training for healthcare professionals

Language and cultural differences can pose serious challenges on a healthcare provider – service user relationship (Nichols, Horner & Fyfe, 2015) level. The use of proper everyday verbal and nonverbal communication is recognised as an important factor when communicating with elderly patients (Brooke et al., 2017) and incorrect pronunciation or use of a word could result in increased patient agitation (Egede-Nissen et al. 2016). Notwithstanding the fact that there is scarce evidence on how linguistic and cultural competence training to healthcare personnel can affect patient-related outcomes (McCalman, Jongen and Bainbridge, 2017), such interventions can positively influence the individuals'

attitudes, knowledge and behaviour resulting in better care (Truong, Paradies and Priest, 2014).

This qualitative evaluation project was conducted to explore the perceptions of participants (CALD nurses) regards the content, implementation and benefits gained from following a Maltese language and culture awareness training delivered online. The goal was to gain knowledge that can eventually lead to enhance the existing program and put forward recommendations for promoting such initiatives at a national level.

METHODS

Aim

The main aim of the evaluation research is to gain knowledge that can be used in enhancing a Maltese language and cultural awareness training program and assist in the development of national cultural competence training to healthcare professionals

Project implementation and evaluation methodology

Design and method description

An Action Research (AR) methodological approach was used to guide the project by assisting in the application and evaluation of a solution (language and culture training program) to a practical problem (communication and cultural diversity) in its organizational context. Knowledge gained from the application and evaluation is subsequently used to make recommendations for enhancement of future application of the solution (Iivari and Venable; 2009). Action Research is a flexible cyclical process that allows the action/change/improvement and research to be achieved at the same time (Dick, 2002) and is used amongst practitioners who wish to improve their own professional practice or that of the organisation.

Development of the Maltese language and culture awareness program

To enhance possibility of success, the management team of the nursing home (St Thomas Community Living) adopted a team based strategy in the development of the program incorporating a collective leadership approach.

In order to develop training that takes into account the particular context, the management engaged on a consultation process eliciting the involvement of key stakeholders in the form of a working group. The group consisted of key local and overseas workers (mainly nurses), management and an academic support. Such an approach was crucial for the development and success of the initiative as it provided an opportunity for stakeholders to voice their opinions and feel a sense of ownership in the program. After a series of meetings, the academic support provided an outline program content for review and recommendation for improvement to the group. Following some iterations, a final draft was presented structured around a set of Learning Outcomes including elements of Knowledge, Understanding and Skill to be attained by the end of the program (Table 1).

Table 1: Program Learning Outcomes

Knowledge and Understanding By the end of the training the learner will be able to:	Converse in Maltese in a healthcare setting, using basic healthcare vocabulary
	Understand patients' general symptoms as expressed in Maltese
	Understand cultural influences on the daily life of Maltese patients'
Skills By the end of the training the learner will be able to:	Acquire a fair command of elementary Maltese
	Be familiar with basic clinical vocabulary
	Be able to apply these skills in simple conversation with patients and other work colleagues

The training program was designed to take a general overview of the common Maltese words and phrases used by local elderly persons and employees encountered within a nursing home environment. To make the sessions more interesting, additional information on cultural aspects like traditional food, festas and national pastimes were also introduced. Due to the nature of work performed by the participants (nursing), there was an emphasis on conversational Maltese focusing on areas of basic anatomical terminology, nurse-doctor- patient communication, interpretation of patients' symptoms and communication during emergency situations. With regards to the cultural aspect of the training, it was designed to make the learning experience fun and engaging. An interactive approach to the cultural aspect, with the main goal being to increase awareness of the differences in local culture, was through using comparisons with participants' own cultural features during the training.

Evaluation setting and participants

Sixteen out of a total of twenty five (25) participants who followed the sixteen (16) hour training program participated in the review. All CALD nurses who followed the program have been invited to participate in the evaluation through an invite in the form of a personal letter distributed by the elderly home's reception personnel (including a stamped self-addressed return envelope) detailing:

- Information related to the nature and purpose of the evaluation study;
- Anticipated duration of interview and procedures;
- Statement ensuring participants are free to withdraw at any stage without penalties or consequence;
- Statements ensuring that all information attained will be confidential, data presented will not be identifiable and a participant coded identification system will be used that is known only to the researcher.

Completion and return of the invitation was taken as interest to participate and for the potential participants to be contacted again to arrange for the group interview.

Ethical considerations

The evaluation was conducted following best practices of quality and ethical standards anticipating any potential physical/psychological harm on the participants. Prior to commencement of data collection, a full research proposal was submitted to the Ethics and

Research Committee of the Malta College of Arts Science and Technology. The mentioned Research Committee approved the study; Approval Reference No 116/2020. Permission for contacting the participants was also obtained from the management of the elderly nursing home.

On the day of the interview all interviewees were reminded of their rights. Each participant agreeing to take part in the evaluation was provided with a Study Information Sheet including consent form to be filled and returned via email.

Data collection

Data was collected through a series of three semi structured focus group interview sessions lasting between 70 to 90 minutes each. All interviews were conducted in English with the number of participants for each session being as follows; Focus Group 1 (5 participants), Focus Group 2 (6 participants), Focus Group 3 (5 participants).

Timing of the interviews coincided with the first wave of the ongoing global COVID19 pandemic. Due to nationwide restrictions enforcing social distancing measures issued by the National Public Health Directorate (Malta), all focus groups were held online using Microsoft Teams to avoid risk of harm to participants. Immediately following recording, all interviews have been transcribed *ad verbatim*.

Data analysis

The Framework Method (Gale et al., 2013) was used for management and analysis. The method involved a process of staging the analysis of data in an organized and pragmatic manner. To support the analysis MAQDA2020 was used to assist with the organization of data.

RESULTS

Participants in the evaluation were CALD nurses (n = 16) registered with Council of Nurses and Midwives Malta, working on either fulltime or part time basis at St Thomas Community Living long term care facility for the elderly. Baseline socio-demographic information (Table 2) was individually collected (received directly via email).

Most of the participants were female (n = 14), 25 to 44 years old (average age of 28 years). Their collated professional nursing experience varied between 5 and 15 years (average 9 years). None of the participants had previously attended a language and cultural awareness program outside of their country of origin. The majority of participants came from India.

Table 2: Socio-demographic characteristics of the evaluation study participants

Country of origin	India	14
Pakistan		2
Gender	Female/ Male	14/2
Age (in years)	Mean (Range)	28 (25 – 44)
Nursing experience (in years) (Range)	Mean	9 (5 – 15)
Marital/ family status	Single	5
Married		7
Married with children		4

During data analysis, participants' perceptions of the training program have been divided into two main categories: *individual utility* and *service user utility*. Participants' perceptions on general program implementation were divided into two categories: *quality of delivery and content*, and *areas for improvement*.

Individual utility

Participants were pleased with the fact that the training provided them with a more generalist healthcare services view rather than entirely referring to the elderly care sector. The fact that the lecturer was a nurse with years of experience in general nursing was seen as an advantage as he was able to present and contrast viewpoints ranging from the hospital and care/nursing homes environment.

The fact that during the sessions, participants have been given the opportunity to recall and relate to real-life examples from current and previous professional experiences helped them to better understand and recall Maltese phrases learnt during the sessions. It was also noted that some participants took the opportunity to learn words that are used in their everyday life for shopping and communicating with local people living within their vicinity.

'Now I can understand more words that my friends always use, not just the words qum (stand) and mugugha (pain). We learned how new words mean that I have been hearing since I started working here.' (Participant Female 4)

Some participants saw the training as an opportunity to engage in further communication and discussion with other colleagues of Maltese background. As they themselves expressed this enhanced a sense of belonging to the team and also gave them the opportunity to show colleagues how much they are eager to learn and engage with the locals.

'During the night shift I asked my Malta friend to start talking slow in Maltese. She was very happy I can understand her but she give me idea how to remember the word. I did not know she will help me before' (Participant Female 2).

'Now I do not feel very lost when my shift friend talks in the break. I understand some more of what they say on the work' (Participant Female 10).

Service user utility

The participants reported that the training gave them an chance to consolidate their bond with the elderly residents and show them that they are ready to learn and appreciate the local language and culture. It was noted that some residents enjoyed listening to the new words that the CALD nurses learnt on the program and also took personal interest in their respective learning journey.

'I was surprised when Mrs..... asked me what new word I learn this week. She start laughing at how I try to say it but at the end she tells me tajba hafna (very good)'. (Participant Female 7)

'One day one of the ladies in floor 3 wanted me to read some words she put for me on paper. I did not know them all but I had some good one. She was very happy and started clapping at me'. (Participant Female 9)

It was also highlighted that now, the nurses can better understand why the Maltese elderly like to play certain games during the daily activities organised by the activity coordinator, as well as why during certain times of the year the residents ask for a particular type of food. This shows that the cultural awareness aspect was also beneficial.

'Now I understand why they do not eat like to eat meat on Friday. It is on the menu but whenever I ask them they always refuse to eat it. It's associated with the old religion traditions in the country. At first I did not understand well because my friends on the shift they still eat it, but they are young...' (Participant Female 5)

'Now when they tell me I want to play *tombla* (bingo) I know what is the game. We have other ways of pass time but now I learn what they want'. (Participant Female 2).

Quality of content and delivery

Interviewees felt that in general, both content and delivery were of a high quality. Some stated that it kept them engaged and looking forward for the next lesson in order to discover new learning material and gauge their respective progress. The process was gauged through the interactive quizzes (one in the beginning and another at the end of each session) reflecting learning material from the previous and current session.

'Although we have the lessons during the lockdown and sometimes in the break, it was not like lesson but to have fun.' (Participant Male 1)

'When the teacher start the questions using the mobile phone I was always trying to be very fast to get more points, but I never win...' (Participant Female 10).

They also noted the material presented was tailored to their needs as starters to the Maltese language which has been taken on board following their respective input in the initial consultation process.

'I find it easy when taking the notes.....that is what we want to learn...not many difficult word'. (Participant Female 10)

Whilst participants were mostly satisfied with the content, some felt that the cultural element was not given that much importance when compared to the language component. However they acknowledged that due to time constraints it could have been slightly challenging to incorporate more material on culture.

'I learn new things about Malta people and I want to know more. There is many tradition and history but not easy to remember all..' (Participant Male 2)

Areas for improvement

When asked for suggestions on how to improve the training program, the majority of the participants agreed that they would have found it helpful should the material (PowerPoint presentations) covered in each session be distributed to them via email. In that way they would not have to take notes during the sessions and concentrate more on the presentation delivered. It was also noted that this strategy could be helpful for them to ensure that the new Maltese words and phrases learnt are grammatically correct at their end.

'It was difficult for me to keep up with writing and listening to how to pronounce the words. Sometime it was too fast and I miss writing the word good in my book...' (Participant female 12)

'When the teacher talk fast I get lost in my writing and make mistake so better give us the notes all good from before to follow' (Participant female 11)

Some participants discussed the fact that having the session recorded for future reference could also prove beneficial for revision purpose and to remember what had been previously discussed. One participant added that such recordings could be viewed again after a period of time following the end of the program and serve as a refresher.

'We all have the mobile with the internet or wifi connection so if the lesson is recorded we can see it when we want later' (Participant male 1)

DISCUSSION

Feedback from the interviews clearly show that there is a general agreement on the usefulness of the training to the everyday on the job needs and that it helped the participants in better understanding and engaging with both colleagues and service users. Besides finding it easier to communicate, the program provided them with an increased opportunity to interact with the locals even outside their workplace. This can be considered as an added benefit besides the general scope of the training.

A surprising outcome was the fact that participants noted an increased interest from the service users (elderly residents) to check on their learning experience. Although this was not an intended effect of the program, it seems that some service users took this as an opportunity to make the CALD nurses feel more welcome to their work environment and show their appreciation for the extra efforts in learning the local language. Such bonding could prove beneficial especially when the CALD nurses are within their early weeks of engagement at the elderly residential facility as settling down could to the new environment might prove challenging.

From the participants' general viewpoint, the training content seemed relatively easy to follow and seems to have reached their expectations with regards to the language component. However it need be noted that from the feedback received there is still room for improvement in particular when it comes to increasing input on aspects related to local culture. This element might have been slightly underestimated during the formulation of the program as there was more of an emphasis on the Maltese language, which seems to have taken most of the time allocated for the sessions.

With regards to the delivery, findings support literature enforcing the use of mobile technology as a pedagogical tool for making the educational process more attractive (Sen and Parmar, 2016). The interactive quizzes using participants' own personal smartphones to answer questions reflecting material learnt during the session, seems to have been well received and was considered as a distinguishing key engaging features in the delivery. This also proves that introducing fun elements during learning can increase and maintain the learner's motivation (Munoz and Kloos, 2005) and interest on the subject for a longer period of time. It need also be noted that some rethinking about how to make better use of technology could enhance the training and make material more accessible for learner's future reference. This could be done by taking on board the suggestion of recording the sessions to serve as a point of reference and revision of material following the end of the program. By doing so, the organisers would

maximize the benefit attained for a longer timeframe and could potentially save time and money.

LIMITATIONS

It need be recognised that within the evaluation, there are particular issues that could place limitations on credibility and possible transferability of the results. It is deemed imperative to emphasise that the project was never intended to infer any transferability of the findings for other similar training programs. A single organisation and a relatively small sample size of participants when taking into account the hundreds of CALD nurses working in Maltese health and social care settings definitely puts a restriction on the generalisation of findings. The evaluation was solely intended for the use and benefit of the holding organisation.

Due to the fact that most of the participants were conscious on the management's efforts into the formulation and delivery of the program might have affected their responses to a possible more positive outlook. During the interviews, members of the management were not allowed to be present in order to enhance confidentiality and enhance openness during the discussion. Also participants have not been asked for feedback about the interpretation of data and results, which if conducted could have helped to increase the trustworthiness of results.

CONCLUSIONS

The results of this evaluation project indicate that such training initiatives are helpful to enhance awareness of CALD nurses on service users' and colleagues' cultural features and are useful to improve Cultural Competence and cross-cultural encounters. Learning of the main Maltese words and phrases used by local elderly persons and employees encountered within a nursing home environment is definitely welcomed by the CALD professionals, other stakeholders and service users. It is recommended that such training initiatives are adapted and offered to other personnel working in similar organizations such as care workers, housekeeping staff, kitchen staff etc.

Following the evaluation, it is recommended that a review of the cultural component is done in order to reflect a wider aspect of the local traditions, pastimes and other distinguishing features that make the Maltese culture unique such as the influence of catholic traditions on the daily life of the service users. This change might require that more time need be allocated to the whole program however caution need be advised not to make the training time be viewed as an added task over and above the daily work routine.

Educational methods that allow immediate interaction with the learners are highly recommended to increase engagement and make the learning process fun. This element was highly praised by the participants and definitely need be maintained as a strong element for future success.

In general it is recommended that such programs should be encouraged on a national scale and conducted routinely in order to ensure that new employees from CALD backgrounds integrate as early as possible.

COMPETING INTERESTS

The author(s) declare that they have no competing interests.

References

- Betancourt, J. R., Green, A. R. and Carrillo, J. E. (2002). *Cultural Competence in Health Care: Emerging Frameworks And Practical Approaches*. New York: The Commonwealth Fund.
- Brooke, J., Cronin, C., Stiell, M. and Ojo, O. (2017). The intersection of culture in the provision of dementia care: A systematic review. *Journal of Clinical Nursing*, 27(17-18), pp.3241-3253.
- Bugeja, A., Farrugia, B. and Grech, K. (2019). Development of health services in Malta: Past, present and future. In: N. Azzopardi Muscat, D. Cauchi and T. Melillo Fenech, ed., *Public Health in Malta 1999-2019*. Malta: Malta Association of Public Health Medicine, pp.10-14
- Dick, B. (2002). Action Research: Action and Research. [online] Available at: www.aral.com.au/resources/aandr.html [Accessed 24 July 2020].
- Egede-Nissen, V., Sellevold, G., Jakobsen, R. and Sørli, V. (2016). Ethical and cultural striving. *Nursing Ethics*, 24(6), pp.752-766.
- Gale, N., Heath, G., Cameron, E., Rashid, S. and Redwood, S. (2013). Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Medical Research Methodology*, 13(1).
- Giger, J., Davidhizar, R.E., Purnell, L., Harden, J.T., Phillips, J. and Strickland, O. (2007). American Academy of Nursing Expert Panel Report. *Journal of Transcultural Nursing*, 18 (2), pp.95-102.
- Iivari, J. and Venable, J. (2009). Action research and design science research - Seemingly similar but decisively dissimilar. *17th European Conference on Information Systems, ECIS 2009*. pp.1642-1653.
- Jirwe, M., Gerrish, K. and Emami, A. (2006). The theoretical framework of cultural competence. *The Journal of Multicultural Nursing & Health*, 12, pp.6-16.
- Johnstone, M. and Kanitsaki, O., (2006). Culture, language, and patient safety: making the link. *International Journal for Quality in Health Care*, 18(5), pp.383-388.
- Leininger, M. (2002). Culture care theory: a major contribution to advance transcultural nursing knowledge and practices. *Journal of Transcultural Nursing*, 13 (3), pp.189-192.
- McCalman, J., Jongen, C. and Bainbridge, R., (2017). Organisational systems' approaches to improving cultural competence in healthcare: a systematic scoping review of the literature. *International Journal for Equity in Health*, 16(1), p.78.
- Munoz, M. and Kloos, C. (2005). A Web Service Based Architecture for Push-Enabled M-Learning. *IADIS Mobile Learning*. p.135-140.
- Nichols, P., Horner, B., and Fyfe, K. (2015). Understanding and Improving communication processes in an increasingly multicultural aged care workforce. *Journal of Aging Studies*, 32, pp.23-31
- Truong, M., Paradies, Y. and Priest, N., (2014). Interventions to improve cultural competency in healthcare: a systematic review of reviews. *BMC Health Services Research*, 14(1), p.99.
- WHO. (2017). *Culture matters: using a cultural contexts of health approach to enhance policy-making: Policy Brief No1*. WHO Regional Office for Europe.